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SUGIRUE, MION, ZINN,
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or by facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.

(371) 273-2885

(Date)

APPLICANT NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
JT 544.17-I	09/04/2001	Stefan Wahl	Q65929	9849

TITLE OF INVENTION: METHOD OF TRANSMITTING A DATA PACKET

APPLN. JAP. I	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE I PREY. PAID ISSUE FEE I TOTAL FEE(S) DUE I	DATE DUE		
non provisional	NO	51400	5300	SO	\$1700	11/13/2006
EX.XMINIR	ART UNIT	CLASS-SUBCLASS				
HARPER, KEVIN C	2616	370-352000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.3).			2. For printing on the patent front page, list			
U Mantle of correspondence address (or Change of Correspondence Address form PTO/SB/1221 attached).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
I "Fee Address" indication (or "Fee Address" Indication form PTO 513/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

I¹ EASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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ALCATEL

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Invention or other private group entity Government

4a. If 2.11(t)ov, ing fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply an² previous³ pay issue fee shown above)

If fixue Fee A check is attached for the NOA Fees payment. Please

I⁴ Publication Fee (No small entity discount permitted) Charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.

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5. Change in Entity Status (from status indicated above)

U⁵ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

U⁶ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(02).

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kvP 41 L\$1

Date

11/18/06

TX ped or printed name

Kelly G. Hynclinan

Registration No.

39, 234

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